



COSTA MESA POLICE DEPARTMENT
TEEN ACADEMY
APPLICATION
77 Fair Drive, Costa Mesa, CA 92626



PLEASE TYPE OR PRINT

NAME _____ HOME PHONE () _____

HOME ADDRESS _____

CITY, STATE, ZIP _____

CA. DRIV. LIC. NO. _____

WHAT HIGH SCHOOL DO YOU CURRENTLY ATTEND? _____

EMERGENCY CONTACT INFORMATION

MOTHER'S NAME _____ CONTACT NUMBER() _____

Cell/Pager#() _____

FATHER'S NAME _____ CONTACT NUMBER() _____

Cell/Pager#() _____

BUSINESS ADDRESS _____

CITY, STATE, ZIP _____

AT THE TIME OF THIS APPLICATION, WHAT IS YOUR AGE? _____

HAVE YOU EVER BEEN TAKEN INTO POLICE CUSTODY FOR ANY CRIMINAL OFFENSE OTHER THAN
A MINOR TRAFFIC VIOLATION? YES NO

IF YOU ANSWERED "YES" TO THE ABOVE QUESTION, PLEASE EXPLAIN:

PLEASE LET US KNOW WHY YOU ARE INTERESTED IN ATTENDING THE TEEN ACADEMY:

ELIGIBILITY FOR ATTENDANCE IS AT THE SOLE DISCRETION OF THE POLICE DEPARTMENT

*By signing below I attest that the above information is true and correct and I
consent to a juvenile, D.M.V. and/or criminal records check.*

STUDENT SIGNATURE _____ **Date:** _____

PARENT or GUARDIAN SIGNATURE (REQUIRED) _____ **Date:** _____